

NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)

☐ Duplicate
(check, if applicable)



022304

16523 U.S. PTO

MAIL STOP PATENT APPLICATION
P.O. BOX 1450
Commissioner for Patents
Alexandria, VA 22313-1450

Attorney Docket No. 053689-5013
First Named Inventor: Maciag
Express Mail Label No. EL 524558574US
Total Pages of Transmittal Form: 2



22581 U.S. PTO
10/786223

Transmitted herewith for filing is the non-provisional utility patent application entitled:

Copper-Dependent Non-Traditional Pro-Inflammatory Cytokine
Export and Methods, Compositions and Kits Relating Thereto

which is:

an ☐ Original; or

a ☒ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. PCT/US02/27247, filed August 26, 2002, which claims priority to U.S.
Provisional Application No. 60/314,837, filed August 24, 2001.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 61 pages.
- ☐ Application Data Sheet.
- ☒ Unexecuted Declaration.
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☒ 16 Sheets of drawings (formal).
- ☐ Microfiche computer program (Appendix).
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
 - ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☐ Under PTO-1595 Cover Sheet, an assignment of the invention
- ☒ Name of Assignees: Maine Medical Center Research Institute
- ☐ Certified copy(ies) of _____ Application No(s). _____ filed _____ is/are filed:
 - ☐ herewith or ☐ in prior application &@.
- ☒ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☐ a Small Business Concern, or ☒ a Non-Profit Organization.
- ☒ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO-1449, and cited references.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)
- ☐ Other:

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$385			BASIC FEE: \$770	
Total	20-20 =	0	X9	\$	OR	X18	\$
Independent	13-3 =	10	X43	\$ 430	OR	X86	\$
<input type="checkbox"/> Multiple Dependent Claims Present			\$145	\$	OR	\$290	\$
			TOTAL	\$ 815	OR	TOTAL	\$

- ☐ The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.
- ☐ A check in the amount of \$&@ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-0310 (Billing No. 053689-5013) as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☒ Filing fee in the amount of \$815 as calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- ☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

February 23, 2004
(Date)

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